

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 39

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

Full Name (Last, First, Middle Initial)

A. MR. SHELDON G. ADELSONMailing Address 410 S RAMPART BLVD
SUITE 440

City	State	Zip Code
LAS VEGAS	NV	89145-5749

FEC ID number of contributing
federal political committee.

C

Name of Employer
LAS VEGAS SANDS CORPORATIONOccupation
CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000000.00

Date of Receipt

M = M	/	D = D	/	Y = Y Y = Y
08	/	26	/	2016

Transaction ID : SA11A.285

Amount of Each Receipt this Period

10000000.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. DR. MIRIAM ADELSONMailing Address 410 S RAMPART BLVD
SUITE 440

City	State	Zip Code
LAS VEGAS	NV	89145-5749

FEC ID number of contributing
federal political committee.

C

Name of Employer
ADELSON DRUG CLINICOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000000.00

Date of Receipt

M = M	/	D = D	/	Y = Y Y = Y
08	/	29	/	2016

Transaction ID : SA11A.300

Amount of Each Receipt this Period

10000000.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. BRADLEY M. BLOOM

Mailing Address 11 ALBION ROAD

City	State	Zip Code
WELLESLEY	MA	02481-1304

FEC ID number of contributing
federal political committee.

C

Name of Employer
BERKSHIRE PARTNERSOccupation
INVESTMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M = M	/	D = D	/	Y = Y Y = Y
08	/	29	/	2016

Transaction ID : SA11A.299

Amount of Each Receipt this Period

100000.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

20100000.00

TOTAL This Period (last page this line number only)..... ▶